HB 781 -- MO HealthNet-Funded Home- and Community-Based Care

Sponsor: Hough

This bill changes the law regarding the MO HealthNet referral process for home- and community-based care. In its main provisions, the bill:

(1) Requires the Department of Health and Senior Services, upon receiving a referral for service or a physician's order for service for MO HealthNet funded home- and community-based care, to:

(a) Process the referral within 15 business days of its receipt;

(b) Arrange for the provision of services by a home- and community-based provider;

(c) Notify the referring entity within five business days of receiving the referral if additional information is required to process it;

(d) Inform the applicant of the full range of available MO HealthNet home- and community-based services, including adult day care services, home-delivered meals, and the benefits of self-direction and agency model services; the choice of service providers in the applicant's area; and the option to choose more than one service provider to deliver or facilitate the services the applicant is qualified to receive;

(e) Prioritize the referrals received, giving the highest priority to referrals for high-risk individuals, followed by individuals who are alleged to be victims of abuse or neglect as a result of an investigation initiated from the elder abuse and neglect hotline, and then followed by individuals who have not selected a provider or who have selected a provider that does not conduct assessments; and

(f) Notify the referring entity and the applicant if it has not scheduled the assessment within 10 business days of receiving the referral;

(2) Allows a provider to complete the assessment and care plan recommendation if the department fails to comply with these provisions. The department must approve or modify the assessment and care plan submitted by the provider within five business days of its receipt for the plan to become effective. If department fails to approve, modify, or deny the provider's plan within five business days, the plan must be approved and payment must begin no later than five business days after receipt of the assessment and

care plan. If additional information is needed to processes the referral, the department must notify the referring entity or individual of receipt of the referral.

(3) Requires the two nurses visits authorized under Section 660.300, RSMo, to continue to be performed by home- and community-based service providers including, but not limited to, reassessments and level of care recommendations;

(4) Requires the latest approved care plan to become effective when the department approves or modifies an assessment and care plan;

(5) Requires the department's audit of a home- and community-based service provider to include a review of the client's plan of care, provider assessments, and choice and communication of service options to the individuals seeking MO HealthNet services. The audit must be conducted utilizing a statistically valid sample, and the department must make publicly available a review of its process for informing participants of service options within MO HealthNet home- and community-based service provider services and information on referrals;

(6) Requires the department to develop an automated electronic assessment care plan tool to be used by providers and by January 1, 2014, to make recommendations to the General Assembly for the implementation of the automated electronic assessment care plan tool;

(7) Requires the department to prepare a report at the end of the first year the plan is in effect for the House of Representatives Appropriations-Health, Mental Health and Social Services committee or a committee appointed by the Speaker of the House to review:

(a) How well the department is meeting the 15-day requirement;

(b) The process the department used to approve the assessors;

(c) The financial data on the cost of the program prior to and after enactment;

(d) Any audit information available on the assessments performed outside the department; and

(e) The department's staffing policies implemented to meet the 15-day assessment requirement;

(8) Requires an employer or vendor as defined in Sections 197.250, 197.400, 198.006, 208.900, and 660.250, to deny employment to an

applicant or to discharge an employee as a result of information obtained through any portion of the background screening and employment eligibility determination process or subsequent, periodic screenings. An employer or vendor will not be liable in any action brought by the applicant or employee relating to discharge if the employer is required by law to terminate the employee;

(9) Prohibits an employer or vendor from being charged unemployment benefits based on wages paid to the employee or an employer making payments in lieu of contributions for work prior to the date of discharge, if the employer terminated the employee because the employee:

(a) Has been found guilty or pled guilty or nolo contendre of failing to divulge criminal history;

(b) Was placed on the Employee Disqualification List of the Department of Health and Senior Services after the date of hire;

(c) Was placed on the Employee Disqualification Registry maintained by the Department of Mental Health after the date of hire;

(d) Has a disqualifying finding or is on any background check list in the Family Care Safety Registry of the Department of Health and Senior Services; or

(e) Was denied a good cause waiver under Section 660.317.

The benefits paid to the employee cannot be attributable to service in the employ of the employer required to discharge the employee.